ARMY MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS)

The MEPRS Project Office, U.S. Army Medical Command, MEPRS Division, Fort Sam Houston, Texas publishes and distributes the U.S. Army MEPRS News Bulletin quarterly by fiscal year (FY) to MEPRS administrators worldwide. We have designed the Army MEPRS News Bulletin to enhance communication within the U.S. Army medical treatment facilities.

/signed/
ROMONA K. BACON
U.S. Army MEPRS Project Officer

DISTRIBUTION:
Commanders, MEDCOM MEDCENs/MEDDACs
    ATTN: Resource Management
Deputy Chief of Staff for Resource Management
    Chief, Program and Budget Division
    Chief, Manpower Division
    Chief, Management Division
    Chief, Finance and Accounting Division
Director, Directorate of Patient Administration Systems and
    Biostatistics Activities

TABLE OF CONTENTS

SECTION I: EXPENSE ASSIGNMENT SYSTEM VERSION III (EAS III)

1. **Resource Sharing**. Resource Sharing has expanded tremendously since we began using the letter 'S' at the 4th level. To determine which codes are appropriate, we are including a definition of each and the corresponding 4th level MEPRS code. Notice 'S' is reserved for Resource Sharing, such as a VA agreement. The definitions below were coordinated with Management Division, MEDCOM and are **retroactive** to October 1996. Implementation of this guidance **will require reprocessing** the months affected by this change.

2. **MCS Contract Resource Sharing** allows the Managed Care Support (MCS) Contractor, through agreements with military treatment facility (MTF) Commanders, to provide *personnel, equipment, equipment maintenance, supplies* and **cash reimbursement* for MTF marginal costs necessary to enhance the capability of the MTF to provide health care to CHAMPUS beneficiaries. Resource sharing is based on the assumption that costs associated with the provision of these resources will be more than offset by decreased TRICARE (CHAMPUS) costs and result in overall cost avoidance to both the contractor and government. In most cases, resource sharing will involve crediting the MCS Contractor with the full amount of the workload enabled by the resource sharing agreement. The contractor provides services (supplies, personnel, cash) with no expenditure on the MTF's part upfront. The MTF ultimately pays during the Bid Price Adjustment (BPA) process.

    a. MSC Contractor Resource Sharing - Non-Cash (this would include TRICARE Providers, Partnership). Example: ***9

    b. MSC Contractor Resource Sharing - Cash Reimbursement. Example: ***8

(*Cash Reimbursement is cash payments from the MCS Contractor to the MTF Commander for MTF marginal cost resulting from resource sharing workload that the contractor gets credit.)

3. **MCS Contract Resource Support** is an alternative to resource sharing which provides additional flexibility to MTF Commanders. Under resource support, the MTF Commander may request a task order for personnel, equipment, equipment maintenance, and/or supplies. Unlike resource sharing, the MCS Contractor receives no credit for workload enabled by resource support.

    a. The contractor provides services (supplies, personnel, but no cash) with the MTF providing upfront reimbursement for the services. Resource support is a contracting mechanism for the MTF. There is no BPA impact with resource support.
Example: ***6

4. **Other Resource Sharing** is all other non-MCS contract type resource sharing agreements, such as VA sharing agreements. Example: ***S

5. **MEPRS-Narratives/Reconciliation**. A Narrative /Reconciliation must be submitted each month; in the narrative section include information such as:

   a. All wards closed, except Ward 15 E (AAXA), we have five Beds on this ward, two of which are designated as APV beds, one as an Observation bed.

   b. Clinic visit difference between MED302 and MEPRS due to Battalion Aid Station visits reported on MED302 and not in MEPRS.

   c. Re-transmitted month 03, corrected expense data for MEPRS Code BHAA.

Please refer to the Army Procedures Manual, 3 May 1993 for the Narrative format. The Procedures Manual will be included in our website, which is available 1 July 1997. The website address is www.meprs.amedd.army.mil. Contrary to what was mentioned at the RM conference, a password is not required to get to the website.

6. **Oral Surgery Ambulatory Procedure Visit - CAA5**. Oral surgery which previously required admission of a patient but is now performed in an ambulatory setting will be reported under MEPRS Code CAA5, not in B**5. Oral Surgery APVs are not reported on the Worldwide Workload Report (WWR) nor on SASs 002 and 003. The workload must be reported as weighted procedures on SAS 004. *Please ensure that personnel are aware of the use for this MEPRS code.*

7. **DOD/Information SASs**: Submission of DOD and Information SASs that apply to your MTF is mandatory. Some MTF's are not reporting data in the following DOD and information SAS's.

   009 - Live Births
   010 - Fetal Deaths
   011 - Deaths
   017 - Emergency and Remote Area Care
   021 - Supplemental Care
   026 - TRICARE/Managed Care (ELA)
   801 - Total EKG's
   802 - Total Immunizations
   803 - Total NMS's
   804 - Family Advocacy Program (TAMC)
   810 - Ancillary/Immunization Workload (Fort Belvoir)
   900-930 - Borrowed FTE's

We also recommend that you establish SAS 805 as an information SAS for the ICU beds. As your data is looked at by many interested parties it becomes important that they be able to exclude ICU beds from the other beds shown on SAS 001.

8. **Helpful Hints**. Corrections have been made to the "Edit Procedures" for SASs 801 and 802; change pages are enclosed.

9. **Square Footage**. For those facilities furnishing space to the TRICARE Service Center , the space cleaned by housekeeping should be charged to MEPRS Code "ELA*".

10. **CO-PATH**. The Co-Path system, also referred to as AP-COTS in the CHCS community is an off-the-self software package developed by a private vendor and used by Anatomical Pathology. As we mentioned at the Conference in April, this software was tested at WRAMC and is now being implemented at all military MTFs. There are two major problems with this software from a workload perspective. There is no interface between Co-Path and CHCS hence, MEPRS cannot get workload from this system by MEPRS Code or by requesting work center. This was discovered once the system was installed at Fort Hood. The bigger problem reported by LTC Berg from Fort Riley, is the inconsistency of how the workload is reported in Co-Path. Problems revolve around the Dictionary File and Table Maintenance which may be built differently at each MTF. We have brought this problem to the attention of Health Affairs, SAIC, CHCS, and the TRI-Service MEPRS Community. The MEDCOM Consultant will take action to get information out to the Army Pathology community instructing them how to count the workload until the problem is resolved.

11. **Blood Bank**. Confirm with Pathology the existence of this work center and review your cost per procedure. This applies mostly to smaller MTFs where personnel may be assigned to Blood Bank but are also working in support of Clinical Pathology.

12. **Prime Vendor (PV)**. A few facilities have called with concerns of including pharmacy and other workcenters utilizing Prime Vendor on the Logistics SAS. If logistics does not completely support pharmacy due to PV, you should exclude pharmaceutical EORs from SAS 586. This can be done easily using the System Generated SAS function (i.e. (-) 26FI, DAAA). We will get additional information regarding Prime Vendor and address it in more detail during a TRI-Service MEPRS Work group.

13. **Quality Control**. This process provides information; such as, workload with zero expenses that Computation will not report. Our analyses of data from various MTFs suggest QC has not been done prior to transmitting data to MEDCOM. Make a habit of

running 'Perform Quality Control' Under EAS III Processing, prior to (this can be done days or the week before) requesting 'Perform Computation' and then review the QC reports.

a. In addition, after a successful computation, review the MEPRS Detail I for occurrences of workload without expenses; or expenses without workload. With few exceptions there must be clinician salaries for occupied beds and clinic visits. On the MEPRS Detail II, ensure there are FTEs if workload and/or expenses are reported.

b. Make appropriate corrections prior to transmitting when you find problems. When corrections are made to months that have already been transmitted, document what you corrected; stating the MEPRS Code, SAS # and/or AHCFMS (Personnel or Financial). Include this information in a Narrative to your Analyst.

14. The EAS III release 9.2 allows "B**5" to be included on SAS 012. This affects the totals for SAS 013. Make corrections to both SAS's 012 and 013, when necessary, recomp and retransmit. The costs for Ambulatory Procedure Visits are currently being reviewed so all appropriate costs need to be identified.

15. **MEPRS Technical Support has an e-mail account**. You now have an additional way of contacting MEPRS Technical Support. As of 21 April 1997, you can reach the help desk via cc:Mail and/or Internet Mail. The address is:

MEPRS-Tech Support@medcom1.smtplink.amedd.army.mil

This new account will allow MEPRS Technical Support to serve you better. By sending your e-mail to this address, your needs will be taken care of by the first available person. Should you direct your e-mail to a specific person and that person is out of the office, your needs may not be met until that persons returns. Not only does the e-mail account give you greater access to the Technical Support team, it also gives you the flexibility of contacting them at your convenience. As always, please feel free to call us with any problems, questions, or concerns you may have.

Types of Questions POC	DSN Phone Number	
Technical	MEPRS Technical Support	471-9761
Functional	MEDCOM MEPRS Analyst	471-9750
WMSN	MAJ Hickey	471-9750, ext. 387

We have noticed some calls reported through the Technical Support Desk are really functional in nature, if you are not sure if the call is Technical or Functional contact your MEPRS Analyst first.

16. **EAS III CONVERSION**. For MTFs who wish to purchase equipment to convert from the 3B2 to a Pentium computer. This is the most current information we have available on the hardware and software needed to convert from the 3B2 to a Pentium computer for the EAS III conversion:

Hardware:
Intel Based Pentium, 200 MHz
16MB DRAM *
17" COLOR MONITOR
3COM 509 COMBO ISA CARD
adeptec 2940 PC SCSI 2
2 X 2 GB SCSI 2 DISK DRIVES
4GB DAT TAPE DRIVES
8X CD ROM, SCSI based
2MB Video accelerator card
512K cache 104-key keyboard
*To upgrade to 32DRAM (Recommended) add approximately $150.
TOTAL COST: $3630.00 - $3780.00

Recommended Source:
Gateway 2000
GSA Schedule GS-35F-4565-G
ATTN: Major Accounts (Dan Thompson)
P.O. Box 2000
North Sioux City, SD 57049-2000
1-800-779-2000, Ext 26439

Micronetics MSM-Unix
16-User License for System Type: SCO-Unix MUMPS Version 4.3
TOTAL COST: $1570.00

SCO-Unix Open Server Enterprise with TCP/IP 5.02
TOTAL COST: $875.00

For additional information contact Mr. Harold Cardenas
    MEDCOM MEPRS Office
    DSN: 471-9750, Ext 517
    COM: (210) 221-9750

SECTION II: TRISERVICE HAPPENINGS

1. **EAS III Release 9.2 Patch**. The majority of the SIRs/SCRs in this release are related to the EAS and CHCS interface however, one addresses the CPT codes for radiology portables. In a prior release the weighted values of the portables were

inadvertently marked '0.00'. This patch provides the correct values. *Reminder: EAS III release 9.2 must be installed prior to the EAS III 9.2 Patch.*

2. **Enrollment Based Capitation (EBC)**. EBC becomes the standard for funding effective FY 98. MEPRS expenses are still part of the equation; therefore, your data is being scrutinized more than ever by various activities. It is imperative that you make every effort to ensure the data is accurate.

3. **NEW codes for FY 98**. This is a heads up. The following are new MEPRS codes and a change to MEPRS codes FAK and EBE. There may be some changes before all the GME codes are finalized.

Radiation Oncology (Therapeutic Rad)	BAT_
Bone Marrow Transplant Clinic	BAU_
Genetic Clinic *	BAV_
Peripheral Vascular Surgery Clinic	BBK_
Pain Management Clinic	BBL_
Cytogenetic Lab *	DBD_
Molecular Genetic Lab *	DBE_
Biochemical Genetics Lab *	DBF_
GME Student Expenses - Physicians only	FAJ_
Student Expenses Excludes Physicians and Dentists	FAK_ **
GDE Student Expenses	FAM_
GDE Student Expenses Other Than Physicians & Dentists	FAN_
GME Support Expenses - Physicians Only	EBE_ **
GDE Support Expenses	EBI_
GME Support Expenses Other than physicians & dentists	EBJ_

* These accounts are for Air Force use only.
** Change

SECTION III: ITEMS OF INTEREST

There have been several changes in our MEPRS office. MAJ. Dale retired 31 May 1997, we wish her well with her plans to continue her education. We would like to formally introduce our (not so) **new** Chief of MEPRS Ms. Romona Bacon.

Prior to joining our MEPRS staff in July of 1986, Mona worked in the Resource Management Office at Fort Sill under the supervision of the notable Ms. Geneva Simmons. After the implementation of UCAPERS at Fort Sill, Mona had the opportunity to submit an application and was selected for a trainee position focusing solely on UCAPERS development, testing, and implementation. After she learned everything she could *(or her mind could wield*) in regards to UCAPERS, she then progressed to the

expense and workload side of the house. From there she was selected for the position of Lead Analyst in 1991 and now serves in the role as Chief, MEPRS Division.

Mona would like everyone to know; although this new role has presented many new and diverse challenges, she will never loose sight of how vital and important our MEPRS family is to this office and will remain accessible as best she can. Your concerns, issues, and discontentment are shared by all of us. We have become dependent on you to inform us of new initiatives, projects, re-organizations, etc. that are going on at your facilities and appreciate and encourage you to continue to do so. This keeps us informed, educated, knowledgeable and a lot of times challenged. Mona foresees several changes in the future and will inform everyone as these are implemented, but not to panic, most will have little impact on you. Mona thanks everyone for their continued support and appreciation of the MEDCOM MEPRS staff.

SECTION IV: UNIFORM CHART OF ACCOUNTS PERSONNEL UTILIZATION SYSTEM (UCAPERS)

The 03-50 version of UCAPERS is currently being tested at Fort Riley, it is scheduled for release 15 July 1997. The following ECPs will be included with this release:

557	Incorrect Processing Checks for New Year
560	Global Update Screen Modifications
573	Modify EAS Accumulator File Data Entry
596	Update Department Code for Clinician Utilization
607	Branch and Source Code for SCN Duty Status
608	Use Previous APC Codes for Clinician/APN Reconciliation
612	Correction of PCS and ETS Date Validation Routine
615	Corrections To Global Update
624	Civilian Payroll Screen for Month Rollover
630	Correct Invalid Removal of Clinician/APN Reconciliation Flag
631	Automatically Select APN Workload Reports with Expense
636	Correct On-Line Display of Dates on Clinician Utilizations

In addition to the above ECPs, the edits have been changed for PROFIS and CME on the Clinician/APN Utilization.

SECTION V: ARMY HEALTH CARE FINANCIAL MANAGEMENT SYSTEM(AHCFMS)

1. All corrections to STANFINS or UCAPERS expenses will be done using the Financial Adjustment function (STANFINS Month Unique or UCAPERS at Skill Type Level) in Army Health Care Financial Management System AHCFMS. After adjustments are made, the data in AHCFMS **must** be recertified and remerged into EAS III. It is

imperative that everyone understands the ramifications of making adjustments directly in EAS III Data Files, Financial or the Personnel Direct Expense Schedule (DES); adjustments made in either the Financial or Personnel DES will be **overwritten** when adjustments are made for the same month using the Financial Adjustment function in the AHCFMS. This happens when the data is recertified and remerged into EAS III.

2. Cost Assignment. Two areas of concern are what to do with expenses after a workcenter closes. We recommend that you follow these guidelines:

    a. Contract costs. When the cost are expensed in one lump sum for a time frame that covers several months to a year, manually distribute the cost to the appropriate month(s) involved. Unfortunately, if the cost comes across after a month has been transmitted you must re-comp and re-transmit the data.

    b. When Pharmacy refills are received for clinics that have closed, leave the workload and corresponding expenses with the original MEPRS code, do not re-assign these expenses. Document this in your Narrative.

    c. There are other expenses which could appear after the closing of a workcenter, you must decide if the expenses should be moved to another workcenter or if it is appropriate to leave the expenses and report expenses without workload.

    d. The above only applies to final operating expense accounts 'A', 'B', 'C', and 'F' accounts. Cost pools, Ancillary, and Support codes **cannot** have workload, this will create a fatal error in EAS.

3. **STANFINS Tape.** Last year we informed all the MTFs that the Expense Assignment System Version III (EAS III) has the capability to accept the financial data using electronically transmitted files from STANFINS. Each Medical Expense and Performance Reporting System (MEPRS) office needs to provide the following information/instructions to the local DOIM.

    a. Transmit file to local EAS III box. On the EAS III box use stanfile as the log-in and meprs1 as the password.

    b. File name is TQFAVK.txt (this is the same file that is currently written to tape).

    c. The record size will be 65 characters with no linefeeds and no carriage returns.

    d. The file must be in ASCII.

A new program, which Fort Bragg recently completed testing, will automatically place the file in the correct directory in EAS III without intervention of Tech Support.

4. The EAS III system still has the capability to accept tapes if the local DOIMS cannot provide the file via file transfer process.

5. This should alleviate some of the problems that have occurred in the past. The requirement for the hard copy, AVK 542 (Special Health Care Expense Report) still exists.

SAS Number: 801

SAS Title: Total EKGs

Content: Procedures.

Description: This is an informational SAS used to record the total number of EKG procedures done in the MTF and outlying clinics.

Source(s) of Data: Patient Administration Division (PAD).

Data Collection: The total EKGs on this SAS will equal the total EKGs reported by PAD.

Edit Procedures: **Report procedures using the MEPRS code of the specialty performing the procedures i.e., EKGs done in ER will be coded BIAA on this SAS. The number of EKGs will be higher then the EKGs reported on SAS 005.

Chg 1 Jun 97
SAS Number: 802

SAS Title: Total Immunizations

Content: Immunizations.

Description: This is an informational SAS used to record the total number of immunizations done in the MTF and outlying clinics.

Source(s) of Data: Patient Administration Division (PAD)

Data Collection: The total immunizations on this SAS will equal the total immunizations reported by PAD.

Edit Procedures: **Report procedures using the MEPRS code of the specialty performing the procedures i.e., immunizations done in ER will be coded BIAA on this SAS. The number of immunizations on this SAS will be larger than the immunizations recorded on SAS 019.

Chg 1 Jun 97
MEPRS MEDCOM CONTACT LIST

MONA BACON, Ext	**501**
JOE BECKOM	**379**
URSULA HENRY	**497**
HAROLD CARDENAS	**517**
PAULETTE RICHARDS	**502**
BERTHA SHEPHERD	**496**

Encl 3

MEPRS POINTS OF CONTACT
EFFECTIVE June 1997

GREAT PLANS REGIONAL MEDICAL COMMAND
PAULETTE	*Alternate*
BROOKE **AMC**, TX	Bertha
CARSON, CO	Bertha
HOOD, TX	Bertha
HUACHUCA, AZ	Joe
IRWIN, CA	Bertha
LEAVENWORTH, KS	Bertha
LEONARD WOOD, MO	Bertha
PANAMA	Ursula
POLK, LA	Ursula
RILEY, KS	Bertha
SILL, OK	Ursula
WILLIAM BEAUMONT **AMC**, TX	Joe

NORTHWEST REGIONAL MEDICAL COMMAND
URSULA	
MADIGAN **AMC**, WA	Paulette
WAINRIGHT, AK	Paulette
PAULETTE	
TRIPLER **AMC**, HA	Ursula

NORTH ATLANTIC REGIONAL MEDICAL COMMAND
URSULA	
BENNING, GA	Paulette
CAMPBELL, KY	Bertha
EISENHOWER **AMC**, GA	Bertha
JACKSON, SC	Paulette
MCCLELLAN, AL	Bertha
REDSTONE ARSENAL, AL	Joe
RUCKER, AL	Bertha
STEWART, GA	Bertha
BERTHA	
BELVOIR, VA	Ursula
DRUM, NY	Paulette
EUSTIS, VA	Paulette
KNOX, KY	Paulette
LEE, VA	Ursula
MEADE, MD	Ursula
MONMOUTH, NJ	Joe
WALTER REED **AMC**, WA DC	Ursula
WEST POINT, NY	Paulette
WOMACK AMC, NC	Paulette

PACIFIC REGIONAL MEDICAL COMMAND
URSULA	
JAPAN	Paulette
KOREA	Paulette

EUROPEAN REGIONAL MEDICAL COMMAND
PAULETTE	
HEIDELBERG	Ursula
LANDSTUHL **RMC**	Ursula
WUERZBURG	Ursula